KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

BEHAVIORAL HEALTH SUBCOMMITTEE

Meeting Minutes

December 10, 2012

Call to Order and Roll Call
The second meeting of the Behavioral Health Subcommittee was held on Monday, December 10, 2012 at 1:30 p.m. in the Small Conference Room at the Office of the Kentucky Health Benefit Exchange. Chairperson Julie Paxton called the meeting to order at 1:35 p.m., and the Secretary called the roll.

Subcommittee Members Present: Julie Paxton, Chair; Gabriela Alcalde (by phone); Kelly Gunning; Dr. Stephen Hall; David Hanna; Kathy Lower (by phone); Jennifer Nolan; and Sheila Schuster. Nancy Galvagni, Susan Rittenhouse, Steve Shannon, Jordan Wildermuth, and Marcus Woodward were not present at the meeting.

Staff Present: Carrie Banahan, Lee Bernard, Sharron Burton (DOI), Miriam Fordham, Wanda Fowler, Brenda Parker, Vanessa Petrey, Sherilyn Redmon, Melea Rivera, and Gary Smith.

Approval of Minutes
A motion was made to accept the minutes of the November 5, 2012, meeting as submitted, seconded, and approved by voice vote.

Update on Kentucky's Essential Health Benefits Recommendation to HHS
Carrie Banahan, Executive Director, Office of the Kentucky Health Benefit Exchange, asked Melea Rivera, Office of the Kentucky Health Benefit Exchange, to provide an update of Kentucky's Essential Health Benefits (EHB) recommendation to the Department for Health and Human Services (HHS). Ms. Rivera noted that the Department of Insurance (DOI) may have erred on the side of caution by categorizing telehealth as a mandated state benefit, *w*hen HHS considered telehealth to be a delivery service. Additionally, the Kentucky Children's Health Insurance Program (KCHIP) dental and vision benefits were not very well reflected in the HHS data report, but the HHS system had not been set up in advance to receive this data. The comment period ends on December 26, 2012, and Kentucky is anticipating HHS approval of Kentucky's proposed EHB.

Discussion of Behavioral Health Questions from Previous Meeting Relating to Anthem PPO
The subcommittee had further discussion of questions related to the Anthem PPO. Members discussed whether detoxification for substance abuse was an available benefit, not only

specifically for alcohol abuse. The definition of mental health and substance abuse is done at the state level. Sharron Burton, Department of Insurance (DOI), noted that the DOI has a definition of substance abuse that includes alcohol and other substances in their insurance certificate provided to companies providing health insurance. Ms. Burton ~~She~~ also noted that under DOI laws (KRS 222.005), mental health conditions are defined by International Classification of Diseases (ICD) codes, which includes alcohol and other substances. Representatives of Anthem noted that medical necessity was the determining factor in determining whether detoxification was an available benefit for substance abuse. Ms. Banahan noted that while every plan must cover all of the essential health benefits, each plan may have differing medical necessity criteria. The subcommittee discussed whether substance abuse should be laid out more clearly for the EHB. All clarifications would have to comply with the Kentucky insurance code.

The subcommittee also discussed issues regarding mental health parity. Ms. Banahan noted that all plans must cover mental health and substance use disorders at parity under the Affordable Care Act (ACA). Representatives from Anthem noted that mental health parity did not apply under U.S. Department of Labor (DOL) laws and stated that there is a conflict between ACA and DOL laws. Due largely to this conflict, representatives from Anthem questioned whether parity applied to the small group market. Representatives from Anthem also noted that under the current Kentucky insurance code, the small group and individual market were exempted from the parity provisions. Mental health parity applied to individual and small group market under the ACA. Assuming that parity exists, there would be no limit on inpatient days for mental health and substance abuse.

The third question concerned whether the benchmark plan required mental health professional services to be coordinated with a psychiatrist. Anthem noted that they do not have any requirement that requires mental health professionals to coordinate with a psychiatrist.
The final question discussed by the subcommittee concerned coverage of pharmacy care for autism and all behavioral health diagnoses. The EHB includes pharmaceuticals for autism and behavioral health. The pharmacy benefit has to cover at least one drug in each class. Additionally, the plan must offer at least the same number of drugs per category as the EHB. For example, the EHB covers 22 antibacterial drugs. Therefore, all other plans must cover at least 22 antibacterial drugs. The benchmark plan includes four subcategories of antidepressants, seven MAOI's, four serotonin drugs and nine tricyclics. Under antipsychotics, there are 10 first generation drugs, nine second generation drugs, and one treatment resistant drug. The subcommittee questioned whether electro-convulsive therapy was covered. Representatives from Anthem will check to see if electro-convulsive therapy is a covered service as it was not included in the list of exclusions.

The subcommittee discussed actuarially equivalent substitutions. Ms. Banahan noted that any substitution of benefits has to be within the same category of benefits. For example, hospitalization benefits could not be substituted for rehabilitation benefits because they do not belong within the same category of benefits.

Discussion of Proposed Essential Health Benefits Regulation
Ms. Banahan stated that the Office of the Kentucky Health Benefit Exchange (KHBE) is currently working on a regulation concerning Qualified Health Plans (QHP). Committee

members will be notified when the QHP regulation is ready for review. The regulation draft will be posted on the KHBE website for review and comment prior to filing. Ms. Banahan noted that the federal regulation contains the EHB as a minimum requirement. The DOI will require essential health benefits for all plan filings, except for grandfathered plans. Grandfathered plans are those plans with no significant changes since March 2010. Ms. Banahan explained that since premiums keep escalating, there are not very many grandfathered plans. For small groups in the Exchange, the lowest coverage level is the bronze level. There will be catastrophic plans available for those persons under 30. For Kentucky's Small Business Health Options Program (SHOP) Exchange, a 50 percent minimum employer contribution level has been adopted.

New Business

The subcommittee voiced some concerns regarding Medicaid coverage of behavioral health and substance abuse. Concern was also voiced concerning the potential churn between Medicaid and the Exchange. The churn between these two programs could potentially adversely affect continuum of care. Some recommendations for mitigating problems associated with churn included Medicaid using the Exchange essential health benefits and Medicaid Managed Care Organizations offering coverage in the individual market of the HBE. Ms. Banahan noted that the Medicaid program has its own process for determining benefits and that if Medicaid uses the EHB, it would be a different package of benefits. If the Medicaid program decides to cover the expansion population, this would be a new group of people who could potentially access services. Under current Medicaid benefits, psychiatric hospitalization treatment is not covered for persons between the ages of 21through 64. Also, Medicaid doesn't currently cover substance abuse treatment. Ms. Banahan will discuss future coverage with the Department for Medicaid Services (DMS) and e-mail the committee regarding her findings. Medicaid must cover substance abuse services beginning in 2014.

The subcommittee discussed the continuing role of the Behavioral Health Subcommittee. Some issues that the subcommittee may wish to consider include implementation issues, monitoring whether people are accessing needed services, and problems reaching people with behavioral issues. Local health Departments and community mental health centers could potentially be Navigators.

The subcommittee noted that the Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes six most beneficial practices. KHBE staff would need to conduct research to determine whether these practices are covered under the ACA. The subcommittee agreed that peer specialists could save money in the long term. Ms. Banahan noted that the Exchange cannot require benefits above the essential health benefits, but an insurance company could elect to offer additional benefits. The subcommittee noted that this issue is similar in scope to instances where physical health practices try to mitigate escalating costs through preventive measures, and noting these might be similar to preventive health measures for behavioral health. Magellan has reduced costs by being proactive in this area.
Ms. Banahan asked that members email KHBE staff with any questions arising after the meeting prior to the next subcommittee meeting.

Ms. Banahan noted that the KHBE could schedule a meeting with insurance companies and their subsidiaries to bring in clinical people to discuss issues of concern voiced by the subcommittee.

The subcommittee agreed and a tentative meeting will be scheduled for January 22, 2013 from 1:30 to 4:30 with insurance companies and subsidiaries to discuss issues surrounding peer supported services and preventive behavioral health measures. Dr. Hall will send more information regarding the SAMHSA evidence based practices.

Ms. Banahan noted that the KHBE filed the Kentucky Exchange Blueprint with HHS on November 16, 2012, and has received good feedback from HHS. The KHBE has had numerous Joint Application Development (JAD) sessions which included participation from other state agencies including DOI, the Department for Community Based Services, and DMS.

Adjournment
The meeting adjourned at 2:55 p.m.